



**SOBOBA SPORTS COMPLEX  
SOBOBA PARKS & RECREATION**

**Minor Registration Waiver and Release Form**

**Parent/Guardian Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Minor's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Tribal Affiliation:** \_\_\_\_\_

**Method of Payment:**  **Check** /  **Money Order**

**REGISTRATION, WAIVER & RELEASE AGREEMENT FORM**

In consideration of the opportunity to participate in the \_\_\_\_\_ (the "Event") on Soboba Band of Luiseno Indians' ("Soboba Band") tribal lands, I agree as follows:

1. I am the Registrant for the Event or the parent or legal guardian of a child whom I authorize to participate in the Event, and/or a volunteer for the Event.
2. I acknowledge that my participation in the Event involves risk of serious bodily injury, death and/or property damage. I assume and accept all risk of bodily injury, death, property damage and other harm connected with my voluntary participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to any illness or injury I may suffer in connection with the Event. Neither the Soboba Sports Complex, The Oaks, the Soboba Band of Luiseno Indians, nor any of its enterprises maintains liability, accident or other insurance for injuries, death or property damage suffered or incurred by any person participating in this Event. I knowingly and freely assume all such risks for myself and/or my child.
3. I acknowledge that the Event involves strenuous and potentially hazardous physical activities. I certify that I (or my child, if applicable) am in excellent physical health and have no physical limitations that would prevent me (or my child, if applicable) from fully participating in the Event. I grant permission to the Soboba Parties (defined below) to call for emergency medical treatment, if needed. I acknowledge that Soboba is not obligated to provide nor will it provide medical treatment or facilities for medical

emergencies during the Event. Municipal emergency response teams and facilities are available to the public as services provided by the surrounding communities/municipalities.

4. I hereby indemnify, hold harmless and release the Soboba Band of Luiseno Indians and each of its officers, members, employees, agents and contractors (the Soboba Parties) for and from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys fees, that arise out of or in connection with my (or my child's) voluntary participation in the Event.

5. I agree to follow all safety and other rules during this Event. Failure to follow all rules is cause for immediate dismissal from the Event.

6. This Agreement is binding on my heirs, personal representatives, next of kin, spouse and assigns.

7. I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

8. I acknowledge that I have read this Agreement, fully understand its contents and have signed below of my own free will.

**HELMETS ARE REQUIRED – ASA Rules and ISC Pitching Rules with DR and DH.**

**Minor Name: (print)** \_\_\_\_\_

**Minor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name: (print)** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_